

Adopted	Rejected
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COMMITTEE REPORT

YES:	9
NO:	1

MR. SPEAKER:

*Your Committee on Insurance, to which was referred House Bill 1140, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

- 1 Page 1, line 6, after "(b)" insert "**As used in this section, "orthotic**
- 2 **device" means a custom fabricated brace or support that is**
- 3 **designed based on medical necessity.**
- 4 **(c)".**
- 5 Page 1, line 7, delete "medical device that is not surgically
- 6 implanted and that" and insert "**leg or arm.**".
- 7 Page 1, delete lines 8 through 15.
- 8 Page 1, line 16, delete "(c)" and insert "**(d)".**
- 9 Page 2, line 6, delete "(d) Coverage under a" and insert "**(e) A".**
- 10 Page 2, line 6, delete "may" and insert "**must provide coverage for**
- 11 **orthotic devices and prosthetic devices, including repair or**
- 12 **replacement of an orthotic device or a prosthetic device that:**
- 13 **(1) is performed by a licensed orthotist or prosthetist or a**
- 14 **certified pedorthist;**
- 15 **(2) is determined by the covered individual's physician to be**
- 16 **medically necessary to restore or maintain the covered**

individual's ability to perform activities of daily living or essential job related activities; and

(3) not solely for comfort or convenience.

(f) The coverage required under subsection (e) must be equal to the coverage that is provided for the same device, repair, or replacement under the federal Medicare reimbursement schedule, unless otherwise limited by this section.

(g) The coverage required under subsection (e):

(1) may be subject to; and

(2) may not be more restrictive than;

the provisions that apply to other benefits under the state employee health plan.

(h) Coverage under a state employee health benefit plan may not be subject to lifetime:

(1) dollar limits or other coverage limitations for medically necessary orthotic devices or prosthetic devices; or

(2) deductibles, copayments, or coinsurance provisions for medically necessary orthotic devices or prosthetic devices that are less favorable to a covered individual than the deductibles, copayments, or coinsurance provisions applying to other coverage generally under the state employee health benefit plan."

Page 2, delete lines 7 through 14.

Page 2, line 39, delete "(a)" and insert "As used in this chapter, **"orthotic device" means a custom fabricated brace or support that is designed based on medical necessity.**

Sec. 4."

Page 2, line 40, delete "medical device that is not surgically implanted and that" and insert "**leg or arm."**

Page 2, delete lines 41 through 42.

Page 3, delete lines 1 through 7.

Page 3, line 8, delete "4. Coverage under a" and insert "**5. A**".

Page 3, line 9, delete "may not be subject to annual or lifetime:" and insert "**must provide coverage for orthotic devices and prosthetic devices, including repair or replacement of an orthotic device or a prosthetic device that:**

(1) is performed by a licensed orthotist or prosthetist or a certified pedorthist;

- (2) is determined by the insured's physician to be medically necessary to restore or maintain the insured's ability to perform activities of daily living or essential job related activities; and
- (3) not solely for comfort or convenience.

Sec. 6. The coverage required under section 5 of this chapter must be equal to the coverage that is provided for the same device, repair, or replacement under the federal Medicare reimbursement schedule, unless otherwise limited by this chapter.

Sec. 7. The coverage required under section 5 of this chapter:

- (1) may be subject to; and
- (2) may not be more restrictive than;

the provisions that apply to other benefits under the policy of accident and sickness insurance.

Sec. 8. Coverage under a policy of accident and sickness insurance may not be subject to lifetime:

- (1) dollar limits or other coverage limitations for medically necessary orthotic devices or prosthetic devices; or
- (2) deductibles, copayments, or coinsurance provisions for medically necessary orthotic devices or prosthetic devices that are less favorable to a covered individual than the deductibles, copayments, or coinsurance provisions applying to other coverage generally under the policy of accident and sickness insurance."

Page 3, delete lines 10 through 16.

Page 3, line 19, after "(a)" insert **"As used in this section, "orthotic device" means a custom fabricated brace or support that is designed based on medical necessity.**

(b)".

Page 3, line 20, delete "medical device that is not surgically implanted" and insert **"leg or arm."**

Page 3, delete lines 21 through 29.

Page 3, line 30, delete "Coverage under an" and insert **"An"**.

Page 3, delete lines 31 through 38 and insert **"must provide coverage for orthotic devices and prosthetic devices, including repair or replacement of an orthotic device or a prosthetic device that:**

- (1) is performed by a licensed orthotist or prosthetist or a**

- 1 **certified pedorthist;**
 2 **(2) is determined by the enrollee's physician to be medically**
 3 **necessary to restore or maintain the enrollee's ability to**
 4 **perform activities of daily living or essential job related**
 5 **activities; and**
 6 **(3) not solely for comfort or convenience.**
 7 **(d) The coverage required under subsection (c) must be equal to**
 8 **the coverage that is provided for the same device, repair, or**
 9 **replacement under the federal Medicare reimbursement schedule,**
 10 **unless otherwise limited by this section.**
 11 **(e) The coverage required under subsection (c):**
 12 **(1) may be subject to; and**
 13 **(2) may not be more restrictive than;**
 14 **the provisions that apply to other benefits under the group**
 15 **contract or individual contract.**
 16 **(f) Coverage under an individual contract or a group contract**
 17 **may not be subject to lifetime:**
 18 **(1) dollar limits or other coverage limitations for medically**
 19 **necessary orthotic devices or prosthetic devices; or**
 20 **(2) deductibles, copayments, or coinsurance provisions for**
 21 **medically necessary orthotic devices or prosthetic devices that**
 22 **are less favorable to a covered individual than the deductibles,**
 23 **copayments, or coinsurance provisions applying to other**
 24 **coverage generally under the individual contract or group**
 25 **contract."**
 (Reference is to HB 1140 as introduced.)

and when so amended that said bill do pass.

Representative Fry